



Division of Developmental Disabilities Services

Office of Quality Improvement

VEHICLE INSPECTION SURVEY

Location: _____ Date: _____ Reviewer: _____

Y = Yes N = No

Vehicle Tag Number:						
1. Current First Aid Supplies present.						
2. Fire Suppression equipment present and updated and secured to the vehicle.						
3. Seatbelt/safety retraining device present and in working order.						
4. Emergency procedures are located in the vehicle including when operational: <ul style="list-style-type: none">• Emergency contact information for the individuals• Local emergency numbers• Procedures in case of accident						
5. Vehicle clean and free from debris.						
6. Vehicle is free from odor/urine/smoke						
7. Wheelchair lifts, ramps, etc. are safe and operate properly.						

Comments:

